

Please type a plus sign (+) inside this box ☐

APR 25 2006

4-27-06

IFW 1636\$

PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

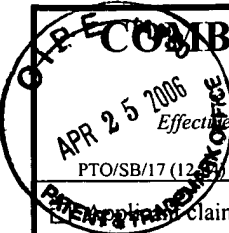
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/902,572
	Filing Date	July 10, 2001
	First Named Inventor	Ashkenazi, et al.
	Group/Art Unit	1636
	Examiner Name	Sullivan, Daniel
Total Number of Pages in This Submission	Attorney Docket Number	39780-1618P2C40

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> FEE TRANSMITTAL FORM <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> ADDITIONAL ENCLOSURE(S) (PLEASE IDENTIFY BELOW): STAMPED RETURN POSTCARD
<input checked="" type="checkbox"/> AMENDMENT / RESPONSE <input type="checkbox"/> After Final <input type="checkbox"/> Version with Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s)		
<input checked="" type="checkbox"/> EXTENSION OF TIME REQUEST (3-MONTHS) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER (Reference Atty. Docket No. 39780-1618P2C40).	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual name	DAPHNE REDDY, REG. NO. 53,507, HELLER EHRMAN LLP		
Signature	<i>Daphne Reddy</i>		
Date	APRIL 25, 2006	Customer Number:	35489

CERTIFICATE OF EXPRESS MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and addressed to: Mail Stop <u>AMENDMENT</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: APRIL 25, 2006			
Express Mail Label EV 582 624 074 US			
Typed or printed name	C. ROGERS		
Signature	<i>C. Rogers</i>	Date	APRIL 25, 2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop ___, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



COMBINED FEE TRANSMITTAL
for FY 2006

Effective 12/08/2004. Patent fees are subject to annual revision.

PTO/SB/17 (12/08/04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), & (i))

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,020.00**

Complete if Known

Application Number	09/902,572
Filing Date	JULY 10, 2001
First Named Inventor	ASHKENAZI, ET AL.
Examiner Name	SULLIVAN, DANIEL
Art Unit	1636
Attorney Docket No.	39780-1618P2C40

METHOD OF PAYMENT (check one)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				

Deposit Account Number: 08-1641 (Ref. Atty. Docket No. 39780-1618P2C40)

Deposit Account Name: Heller Ehrman LLP

The Commissioner is authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below
<input checked="" type="checkbox"/> Credit any overpayments and charge any deficiencies
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the deposit account

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Applicati on Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	135	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
SUBTOTAL (1)						\$ 0	

2. EXTRA CLAIM FEES

Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent	
200	100	Each Independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent	
360	180	Multiple dependent claim, if not already paid	
Total Claims		Extra Claims	Fee from above
		-20** =	x
Independent Claims		-3** =	x
Multiple Dependent			
SUBTOTAL (2)			\$ 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the a whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50	Fee (\$)	Small Entity Fee (\$)
-100 =	/50 =		x 250 OR x 125	
SUBTOTAL (3)			\$ 0	

FEE CALCULATION (continued)

4. PETITION FEES UNDER 37 CFR 1.17 (f)			Fee Paid
Fee Code: 1462	Fee \$ 400	For petitions filed under: § 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b)	
5. PETITION FEES UNDER 37 CFR 1.17 (g)			Fee Paid
Fee Code: 1463	Fee \$ 200	For petitions filed under: § 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.956; § 5.12; § 5.15; § 5.25	
6. PETITION FEES UNDER 37 CFR 1.17 (h)			Fee Paid
Fee Code: 1464	Fee \$ 130	For petitions filed under: § 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(c); § 1.313; § 1.314	
7. PROCESSING FEES UNDER 37 CFR 1.17 (i)			Fee Paid
Fee Code: 1808 (1803 for § 1.221)	Fee \$ 130	For petitions filed under: § 1.28(c)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(e); § 1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(c)(5); § 1.497(d); § 3.81	
8. OTHER FEES			
Entity Fee (\$)	Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
120	60	Extension for reply within first month	
450	225	Extension for reply within second month	
1,020	510	Extension for reply within third month	1,020.00
1,590	795	Extension for reply within fourth month	
2,160	1,080	Extension for reply within fifth month	
500	250	Filing a brief in support of an appeal	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1,510	1,510	Petition to institute a public use proceeding	
500	250	Petition to revive - unavoidably abandoned application	
1,500	750	Petition to revive - unintentionally abandoned application	
50	50	Processing fee for provisional appls (37 CFR 1.17(q))	
180	180	Submission of Information Disclosure Statement	
1,000	500	Request for oral hearing	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
790	395	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	
Other fee (specify)			
SUBTOTAL (4+5+6+7+8)			\$ 1,020.00

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	DAPHNE REDDY	Registration No. (Attorney/Agent)	53,507	Telephone	650 324-7000
Signature	Daphne Reddy	Date	APRIL 25, 2006	Customer No.	35489